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**ADDENDUM TO CERTIFICATE OF ACKNOWLEDGEMENT OF SERVICE REQUIREMENT FOR  
ENLISTMENT INTO THE UNITED STATES ARMY RESERVE OFFICER CANDIDATE SCHOOL  
ENLISTMENT OPTION**

For use of this form, see AR 601-210; the proponent agency is DCS, G-1.

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1. **ACKNOWLEDGMENT:** In connection with my enlistment into the USAR, I hereby acknowledge that I understand that -
  - a. I will be required to serve 8 years in the USAR and that upon my commissioning serve not less than 6 years in a Troop Program Unit and the remainder of my Military Service Obligation as prescribed by law.
  - b. My enlistment into the USAR OCS Program assures me that upon completion of required training that I will be commissioned in the USAR.
2. The following condition and requirements are hereby acknowledged:
  - a. I must successfully completed training to include Basic Combat Training and the Officer Candidate School in order to become eligible for a commission.
  - b. I must qualify for a security clearance.
  - c. I must satisfactorily pass the Advanced Physical Fitness Examination prior to enrollment in the OCS Program.
  - d. I will accept a Branch in accordance with the unit vacancy for which I am enlisting. I am enlisting for the following position: AR 601-210 paragraph \_\_\_\_\_ line: \_\_\_\_\_ MOS: \_\_\_\_\_ .
  - e. The Unit Commander retains the authority to utilize me in accordance with the needs of the Army.
  - f. Upon my commissioning, I will serve not less than 6 years in a TPU, unless sooner relieved by proper authority.
  - g. In the event that I should fail to complete OCS training I will be required to complete my Military Service Obligation as prescribed by law. My unit may require that I be trained in an enlisted MOS for which I am qualified and a vacancy exists.

3. I have read and understand the statements above and those contained in the DA Form 3540 series and hereby declare I fully understand my enlistment commitment and the conditions thereof.

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**AUTHENTICATION**

<b>GUIDANCE COUNSELOR'S NAME, GRADE, SSN</b>	<b>GUIDANCE COUNSELOR'S SIGNATURE</b>
<b>APPLICANT'S NAME, SSN</b>	<b>APPLICANT'S SIGNATURE</b>